CLASS NOTES

’30s In 1960, Paul Caplan (MD ’36) was shocked when he heard from the National Institutes of Health regarding the grant application he’d submitted. As a rheumatology consultant for the United Mine Workers of America, he was hoping to research the effects of osteoarthritis of the spine on the work capabilities of coal miners. The news from NIH: They didn’t want to give him the $5,000 he’d requested. Instead, they thought they’d give him $25,000. Caplan, now a clinical assistant professor of medicine at Pitt and senior partner with Arthritis & Internal Medicine Associates–UPMC, has been practicing medicine since 1939. For 20 years, he traveled with the Pittsburgh Symphony as their physician on their overseas tours. Last year, the American College of Rheumatology named him a Master of Rheumatology—an honor bestowed on only 14 rheumatologists in the world. Caplan and his wife, Gertrude Caplan, recently initiated the Paul S. Caplan award to support a fellow at Pitt’s Arthritis Institute.

’70s Malcolm Orr (Anesthesiology Resident ’71–’73) remembers a night in the emergency room in 1971 when he treated an 18-year-old pregnant woman who had been hit by a vehicle. Although the physicians were unable to save the baby, Orr, a former assistant professor of anesthesiology at Pitt and professor at the University of Texas Health Science Center at San Antonio, worked diligently to save the young woman, spending the entire night giving her every unit of compatible blood he could find. She didn’t make it, and Orr began to think about the complications associated with transfusions. He later began to research ways of harvesting a patient’s red blood cells (RBCs) and developed what is called an intra-operative blood salvage system. In the operating room, the device takes blood being lost during surgery and feeds it into a centrifuge, which separates pure RBCs from other components of plasma. The RBCs are then washed with saline and given back to the patient. The recycling technique reduces the patient’s need for blood products from donors, which are potentially harmful.

A. Leland Albright (Neurosurgery Resident ’74–’78) is chief of pediatric neurosurgery at Children’s Hospital of Pittsburgh. Early in his career, Albright became involved in developing a multidisciplinary clinic for children with cerebral palsy. To help these patients who suffer from brain damage that results in muscular impairment, the clinic offers physical therapy, occupational therapy, social work, and orthopaedic surgery. Albright’s most challenging cases are children with dystonia, an abnormal muscle tightness that causes involuntary contortions in cerebral palsy patients. It’s difficult to treat because the condition worsens over the course of several years and creates painful twisting of certain muscles. Albright has found that infusing the muscle relaxer Baclofen into the spinal fluid improves dystonia in 85 to 90 percent of children with dystonic cerebral palsy.

Stephen Aronoff (MD ’76) started his career researching pediatric genetic diseases, specifically cystic fibrosis. When Aronoff became director of the Mountain State Cystic Fibrosis Center in Morgantown, W. Va., it was a humbling experience. For the first time, he not only conducted research, but also treated patients with cystic fibrosis, who struggled to breathe as their lungs filled with thick mucus. He remembers times when he sat with dying children, with little to offer their families except his physical presence. Aronoff spent 10 years as the director of the center and today is the chair of the Department of Pediatrics at Temple University School of Medicine. He is currently chairing a committee that is rewriting the curriculum at Temple University to be more evidence based.

Thomas McGarrity (Internal Medicine Intern ’79–’80), a professor of gastroenterology at the Penn State Milton S. Hershey Medical Center, is interested in the genetics of colon cancer. His research has led him to investigate a disease known as Peutz-Jeghers syndrome, which is characterized by polyps in the small intestine and colon. After treating several patients with PJS, he noticed a cluster of such cases in families in central Pennsylvania. McGarrity has since noted that polyp tissue of these people overexpress certain proteins involved in cell growth. The discovery could lead to possible therapies.

WE KNEW YOU WHEN

WHITE COATS AND SHOULD PADS

In 1963, the University of Pittsburgh fielded one of its greatest football teams ever, both on and off the field. More than half of the players would go on to advanced degrees. They also were ranked number three in the nation. They might have played for the title of national champions, but they failed to even appear in a bowl game that year.

It was a different era in college football, says Jock Beachler (MD ’70), when almost everyone played both offense and defense. He was an outside linebacker and offensive lineman. “I was small and smart and I knew how to hold well,” he says with a hearty laugh, referring to getting away with penalties. He was class president for his last two years of medical school. Today, he’s an orthopaedic surgeon in Pittsburgh’s South Hills.

As a 240-pound lineman, John Zabkar (MD ’68) was big. Nowadays, there are quarterbacks who weigh 240. For him, the Syracuse game was a high point. Losing by 21 points at halftime, he doesn’t think he’d have been able to play against a team like Syracuse. In the second half, winning 35–21 in a thunderstorm that turned to snow by game’s end, Zabkar now enjoys running his Grove City pathology lab as a one-man show.

James Hogan (MD ’69), the team manager, says that in their only loss, the navy team
ambushed Pitt with trick plays and a solid performance by Roger Staubach. After decades in a downtown Denver ER, Hogan is enjoying the slower pace of Boulder. Every once in a while, he takes a long look at his faces in his 1963 team photo.

John Verkleeren (MD ’71) can recall the thrill of making a tackle and catching a pass for a first down in his first game, against UCLA in the Los Angeles Memorial Coliseum. He spent 20 years in the navy, somehow found it in him to root for their team, and is now chief of cardiology at Kaiser Permanente in San Diego.

When an investigation pointed toward green onions as a source of last year’s hepatitis A outbreak in Beaver County, Pa., Virginia Dato (MD ’83) wondered how properly cleaned onions could be the cause of an outbreak of such magnitude. One day, she and her husband, Michael Chancellor, a Pitt professor of urology, bought some green onions at a local grocery store, but instead of using them to make dinner, they viewed and photographed them under a dissecting microscope. Even after careful cleaning, they found areas inside the bulbs where dirt was present and virus could hide. Dato is an adjunct associate professor of public health practice at Pitt’s Graduate School of Public Health and a public health physician for the Pennsylvania Health Department’s Division of Infectious Disease Epidemiology. She worked with other health professionals on the many tasks required to control the outbreak and prevent future outbreaks, including case investigations, public and press education, high-risk situation management, and coordinating state activities with the Centers for Disease Control and Prevention.

Kevin Judy (MD ’84) has been investigating photodynamic therapy at the University of Pennsylvania as a way to treat brain tumors. Though this treatment has been used for many years, Judy is studying new dyes developed by a pharmaceutical company that will bind to tumor cells and, when exposed to light, create toxins that kill the cancer cells and spare the neighboring healthy cells. The dyes typically used in photodynamic therapy are ultrason sensitive to light and stay in a person for at least a month, making it difficult and sometimes painful for the patient to go outside without being completely covered. He has already tested the improved dyes in animals and plans to perform human trials in brain tumor patients. Judy, who is a neurosurgeon, first came to Penn to start a brain tumor program that combined neurosurgery, neurology, and radiation- oncology. Twelve years later, the center is one of 20 in the country funded by the National Cancer Institute.

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Bradley Stein (MD ’90, Pediatrics and Child Psychiatry Intern ’91, Psychiatry Resident ’92—’93) is an assistant professor of child psychiatry at the University of Southern California in Los Angeles and the associate director of mental and behavioral health at the RAND Center for Domestic and International Health Security. Stein recently collaborated with the Los Angeles Unified School District to develop and evaluate Cognitive-Behavioral Intervention for Trauma in Schools, a program that helps students who suffer from emotional and behavioral problems caused by exposure to multiple acts of violence, such as witnessing serious physical fights or being attacked with a knife or gun. After participating in the program, the students had significantly fewer symptoms of violence-related distress and depression than students on a wait list. Stein’s interest in the study of children dates back to his days as a resident at Pitt. Early in his career, he had the opportunity to travel to Romania with a team of residents and nurses to assess orphanages. Seeing the children in the orphanages stimulated Stein’s interest in the psychiatric effects of trauma on children. Later, he worked in Bosnia with children exposed to war and trauma as a consultant for the International Rescue Committee.

As an assistant professor in the department of surgery at the University of Utah, Brandon Bentz (MD ’93) divides his time between clinical care of head and neck patients, clinical research, and basic science research into nitric oxide. He recently applied, with the guidance of his mentor John Hibbs (MD ’62, see page 17), for a National Institutes of Health grant to study how nitric oxide alters tumor cell migration, which can impact how these cells metastasize. Bentz’s mother, Francesca Peretti (formerly Frances Geigle-Bentz) was an associate dean in Pitt’s School of Health and Rehabilitation Sciences and a colleague of Pitt Professor Eugene Myers. Myers sparked Bentz’s interest in otolaryngology (as did an abscessed septum Bentz had, which prompted his visit to the ear, nose, and throat clinic). Bentz’s interest in nitric oxide started when he took two years between undergraduate and medical school to work as a technician in Timothy Billiar’s lab; Billiar is now the chair of Pitt’s Department of Surgery.

Todd Oravitz (MD ’94, Anesthesiology Resident ’95–’98) wasn’t sure which specialty to choose until a third-year rotation in anesthesiology, when he met Jackie Morillo-Delerme, an assistant professor. She would talk about how to insert breathing tubes and then watch as he did it, asking him questions all the while. Morillo-Delerme was always available to talk with Oravitz. In many ways, he has emulated her pedagogical style in his position as an assistant professor in the Department of Anesthesiology at the University of Pittsburgh. This year, Oravitz won the Dr. Leroy Harris Award for Excellence in Teaching, an award the residents annually bestow on the best professor in the anesthesiology department.

William Field (Surgical Pathology Fellow ’96–’97) once served as the deputy medical examiner for the city of Ithaca, N.Y. Today, as president of Pathology Associates of Ithaca, his love of detective work infuses his lab work, and he discusses pathological tests as if they are cloak and dagger. Field recalls in particular how difficult it was conducting investigations into infant deaths—determining if it was murder or sudden infant death syndrome. His training at the Elisabeth Kubler-Ross Center, which teaches people how to counsel others with grief, helps him serve as a counselor with suicide prevention and crisis services.

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here is a sense of group identity in every graduating class. Among minority students, says Paula Davis, assistant dean of student affairs in the School of Medicine, there exists a slightly different sense of family, which links students across graduating classes. To strengthen and celebrate the family, the first-ever minority reunion was held April 16-18 in Pittsburgh. A few family portraits:

In the small town of Webuye, Kenya, Clarissa Dudley (MD '95) remembers the night when a child came into the hospital with a torn lower lip and blood dripping from his nose and wounds on his limbs. He’d apparently fallen from a 30-foot tree. After sewing his lip (all the way to his chin), Dudley faced the sobering reality that the nearest CT scan was eight hours away in Nairobi. She asked the nurses to periodically check the boy’s mental state, and advised the parents to take him there in the morning. It was baptism by fire for the young doctor. There were times Dudley felt that she had learned more from the Kenyans than she was able to provide them in return. They taught her about the role that culture and belief systems play in healing, that dependence on technology can diminish both diagnostic skills and the doctor-patient relationship. Her time in Kenya ignited her interest in international health. Since completing a master's degree in public health at Johns Hopkins University, Dudley has worked as a locum tenens—a physician temporarily assigned where medical services are lacking—in Vietnam and the Philippines.

At some time in the early 1990s, Levi Downs (MD '94) stood in front of his classmates in the School of Medicine and gave a presentation on protecting a patient’s airway and clearing it of obstructions. Right about then, Downs suspected how fulfilling it would be to teach medicine and hasn’t looked back since. Downs, currently an assistant professor in the Department of Obstetrics, Gynecology, and Women’s Health at the University of Minnesota, got a big boost from Pitt’s Prematriculation Program, which gave incoming nontraditional and minority students a sneak preview of the courses they take in their first year of medical school. Downs now teaches medical students in problem-based learning sessions and trains residents in gynecology.

When he was a first-year medical student, someone told Michael Forbes (MD ’90), “Racism is like rain. When it’s raining, you pull out your umbrella. But when it’s not, you enjoy the sunshine.” Forbes, now an assistant professor of pediatrics in the Drexel University College of Medicine, is happy to report that he has felt more sunshine than rain as a practicing physician. His specialty is pediatric critical medicine, and he finds his most challenging cases are infants with bacterial infections. He is currently writing a book, No Satisfaction: When Mental Illness Comes to Church, which addresses mental health issues such as mood disorders, neuroses, and schizophrenia within the church community and urges the medical community to incorporate spirituality into the practice of medicine. Forbes is an ordained minister.

—Sonya Kanti Patel

THE WAY WE ARE

MINORITY REUNION

M E D I C A L A L U M N I A S S O C I A T I O N O F F I C I A L S

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38 PITMD
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the drive to Fondwa in Western Haiti from Port-au-Prince takes two hours, yet the village seems centuries away from the turmoil in the capital. Most of the journey is on paved roads, but a four-wheel-drive is needed to navigate the last few miles up and down a single rutted road leading to the village. The whole area is angled hills and sloping valleys. Fondwa sits near the base of a steep mountain.

In the center of town, a three-story cement building is set in tropical foliage flanked by the primary school complex and orphanage. Not long ago, Rosemary Edwards (MD ’84) sat inside that building with a tourniquet on her arm, her veins bulging blue. Nurses, nursing students, and women training to be other healthcare workers surrounded her. Sister Carmelle Voltaire, who ran the clinic, had done this before so she went first. None of the others surrounding Edwards had ever drawn blood—in Haiti there is very little hands-on teaching. Some of the students had never seen a needle like the one they were about to use.

Edwards, a pathologist at Mercy Hospital in Pittsburgh, wanted them to learn on her arm because her veins are easy to see.

Voltaire felt Edwards’ arm for a vein, then slid the needle into it; immediately, blood flowed into the collection tube. After she cleaned her equipment and disposed of the instruments she would need to draw blood for her first time.

A week later, Edwards’ arms are still black and blue from the half-dozen times the students practiced on her arm. But she’s pleased, because all of the students successfully drew blood with the same ease as Voltaire.

As a medical student, Edwards always thought she would be a doctor in a developing nation. But as she started her career, she also started a family. So she pursued her practice and put other aspirations on hold.

She first went to Haiti in June 2001 as part of Global Health Ministry (a program of Catholic Health East). Before departing for Port-au-Prince, a friend referred her to Rich Gosser, a professor at St. Vincent College, in Latrobe, Pa. Gosser, executive director of Partners in Progress, has been taking U.S. citizens to Haiti to collaborate with rural communities since 1999. A few years ago, he was in the basement of the Sacred Heart Church in Shadyside, packing medical supplies for an upcoming delivery to Haiti, when Edwards asked him questions about what it was like there. He gave her rushed answers, not really expecting that he would hear from her again. Many times people go on one volunteer trip, he says, and they never do it again.

“Everyone always talks about doing something like this—Someday I’m going to travel or write,” says her son Chris Edwards. “I was really proud of her when she actually did it.”

Back in Pittsburgh, Edwards took classes in sustainable development, micro-credit financing, and environmental sciences. If she was going to be of lasting help, she was going to need to be innovative, like many of the Haitians she’d met.

There were plenty of issues to tackle. Anemia can be a big problem for women in developing nations, Edwards notes. In the United States, women can afford iron supplements or eat meat to make up the deficiency. In Haiti, most people cannot afford these things. So Edwards and the Fondwa staff discussed inexpensive iron-rich foods that Haitians could easily obtain, such as leafy-green vegetables, beans, and lentils.

While Edwards was learning more about Haiti, Partners in Progress was working with the Association of Peasants of Fondwa, the organization that founded the local clinic that serves 42,000 people. The two groups were hoping to build a pathology lab, and Gosser recruited Edwards, the doctor with a basement full of questions, to help. She agreed to visit the village to see if it was feasible. (“She was never one to jump before she knew where she would land,” says Chris Edwards.) The project appeared feasible, with a little improvisation. The first obstacle: The electrical grid didn’t extend into the countryside. So Edwards secured funding for a photovoltaic solar power system. With Partners in Progress, she also won a grant to pay for laboratory equipment and supplies.

But translating finer points of providing care can be more difficult than finding electricity in rural Haiti, Edwards has found. In Haiti, not everyone embraces American medical ideals, like respect for patient privacy. Edwards’ Haitian colleagues were concerned such issues hampered their ability to provide care. Many Fondwans won’t get tested for HIV or tuberculosis because afterward, the whole village ends up learning the results. So Edwards has tried to lead by example, pulling each patient aside into a private room. Yet some villagers are still curious. They’ll even ask her about the test results of others. When that happens, Edwards just says: “I’m sorry, I am not privileged to tell you that information.”